Evaluating Saskatchewan's Health Research Strategy: An Evaluation Framework

January 2007

Saskatchewan Health Research FOUNDATION

Building a healthy Saskatchewan through health research

About SHRF

The Saskatchewan Health Research Foundation (SHRF) is the provincial agency responsible for funding, facilitating and promoting health research in Saskatchewan. This includes leading the implementation of Saskatchewan's *Health Research Strategy* (2004).

For details about SHRF's mandate, activities, board and staff, and the provincial *Health Research Strategy,* please visit our Web site.

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An Evaluation Framework

Executive Summary

Tracking progress and impact is clearly identified in Saskatchewan's *Health Research Strategy* as one of the four major cornerstones. A corresponding action item states:

SHRF will monitor and evaluate the implementation of the Provincial Health Research Strategy, using clearly articulated and broadly accepted performance measures, with a mid-Strategy evaluation at approximately 5 years and a final evaluation at 10 years.

- (Saskatchewan Health, 2004: p. 25)

The primary purpose of evaluating the Strategy is one of accountability – making judgments about the extent to which the Strategy, and by extension SHRF as the 'catalyst,' is successful in advancing research in the strategic priority areas, building capacity to share and use health research and strengthening the overall health research base. To this end, SHRF has developed an evaluation framework employing partnerships and collective action in an effort to identify the outputs, outcomes and impacts of the *Health Research Strategy*.

Central to our evaluation is the overarching question that guides the development and implementation of SHRF's evaluation framework. This question reflects the expected short-term outcomes in the theme areas of the Strategy as well as the long-term impacts:

To what extent and in what ways does the Health Research Strategy contribute to a more vibrant, productive, focused and capacity-rich health research community and, ultimately, to a healthier Saskatchewan?

To guide our evaluation, we are using two complementary evaluative models. The Buxton/Hanney Payback Model, widely used by other national and provincial funding agencies, provides a theoretical basis for conceptualizing returns and measuring research 'payback,' while our Implementation-Evaluation Model ensures that we understand and apply what we have learned as a result of the evaluation.

SHRF's evaluation framework is comprehensive, incorporating a blend of quantitative and qualitative methods, and will serve as an important conceptual and practical roadmap to guide the collective implementation, evaluation and reporting of progress related to the Strategy. SHRF looks forward to working with our partners and stakeholders in evaluating the *Health Research Strategy* over the coming months and years ahead.

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Introduction

The *Health Research Strategy* (Saskatchewan Health, 2004) is an exciting 10-year blueprint for shaping the health research landscape in Saskatchewan. The Strategy identifies four major themes that include: addressing research priority areas, sharing and using health research (knowledge translation), building health research capacity, and tracking progress and impact. It emphasizes partnerships and collective action and provides a rich, yet complex opportunity to evaluate the multiple influences of health research in Saskatchewan. Indeed, evaluation is clearly profiled in the *Health Research Strategy* as one of the four major cornerstones. A corresponding action item states:

SHRF will monitor and evaluate the implementation of the Provincial Health Research Strategy, using clearly articulated and broadly accepted performance measures, with a mid-Strategy evaluation at approximately 5 years and a final evaluation at 10 years.

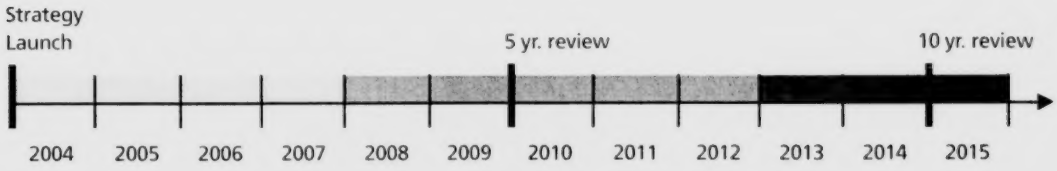
- (Saskatchewan Health, 2004: p. 25)

Since the Strategy was released in July 2004, the Saskatchewan Health Research Foundation (SHRF) and our partners have made considerable progress in advancing the four strategic areas. Some of our early actions have included: a Health Research Summit (2004) to officially launch the provincial Strategy; the alignment of existing funding programs and the creation of new programs to coincide with the health research priority areas; building a provincial framework (or action plan) for building knowledge translation capacity related to health research; advancing research in the specific priority areas; and of course, developing an evaluation framework for tracking the progress and impact of the *Health Research Strategy* and collecting and analyzing related baseline data.

This document outlines the framework for evaluating Saskatchewan's *Health Research Strategy* developed by SHRF in concert with external evaluation experts.

Goals of Saskatchewan's *Health Research Strategy*:

- To build health research expertise and activity in certain target areas, determined by health needs, research strengths and unique opportunities
- To ensure that health research knowledge translates into benefits for health, health-care, education and the economy
- To strengthen the overall health research base that provides capacity, both people and infrastructure, to address current and future needs
- To understand and monitor the outputs, outcomes and impacts of the *Health Research Strategy*



This framework is presented in sections that:

- Provide a brief overview of program evaluation, including some of the assets and challenges anticipated in this evaluation;
- Describe the models that will guide the evaluation;
- Outline the major components of the Strategy evaluation, including the aims, evaluation questions and program logic model;
- Detail the intended Strategy evaluation plan, including the specifics for each evaluation question and related timelines; and
- Discuss mechanisms and audiences for communicating both the evaluation framework and evaluation results.

Background Information

Program[1] evaluation is defined as the, "*systematic collection and analysis of information about program activities, characteristics, and outcomes to make judgments about the program, improve program effectiveness and/or inform decisions about future programming*" (Patton, 1997). There are several purposes of evaluation, including:

- Rendering judgments – "accountability;"
- Facilitating improvements – "developmental;" and
- Generating knowledge – "academic."

These purposes are not mutually exclusive. Evaluations can address more than one purpose, although one tends to predominantly drive the process. The evaluation of the *Health Research Strategy* addresses, to varying degrees, all three purposes. It is driven by accountability; that is, making judgments about the extent to which the Strategy, and by extension SHRF as the 'catalyst,' is successful in accomplishing its goals. Closely related is a developmental purpose; ensuring Strategy implementation is constantly informed and improved by evaluative evidence. Finally, generating new knowledge of high caliber is an anticipated product of this evaluation, but not its primary intent.

Relevant stakeholders in this evaluation are multiple and are consistent with those engaged (to varying degrees) in the Strategy's implementation. These stakeholders include: SHRF; universities; regional health authorities; community-based organizations; health researchers; policy-makers; and the general public.

Designing and subsequently conducting an evaluation of the size, nature and length that the *Health Research Strategy* requires is a major challenge. Several factors are **assets** in accomplishing this task:

- The high profile of evaluation in the Strategy itself;
- The climate and history of accountability within SHRF;

[1] In our evaluation, a program can be defined broadly to include, "any activity, project, function, or policy that has an identifiable purpose or set of objectives" (USGAO, 2005).

- The availability of evaluation expertise to draw upon, internally at SHRF and beyond;
- The broad array of partners with a shared interest in measuring health research impact; and
- The 10-year time frame allows attention to outcomes and, at the very least, the shorter-term impacts.

This evaluation faces several **challenges** that, in turn, influence the plan and the conduct thereof:

- The ambitious nature of the Strategy over a relatively short period of time;
- Situating the evaluation within a complex and dynamic health context;
- Understanding attribution of Strategy-related activities and outputs within this context;
- Lack of established or accepted 'gold' standards on which to compare;
- The need to develop standards in the early part of the evaluation;
- Adequately addressing cross-cultural aspects;
- The time required to see and recognize the long-term impacts expected; and
- The collaborative approach to Strategy implementation, involving many diverse actors and lines of activity.

In spite of the aforementioned challenges, SHRF is committed to working with our partners in understanding the immediate and longer-term implications of Saskatchewan's *Health Research Strategy* because of its potential to enhance health research and yield benefits for the people of Saskatchewan.

Models

In developing our evaluation framework, SHRF considered a number of models to guide both the planning and execution of the evaluation. The overarching purpose of our chosen models is to provide an abstract, yet testable underpinning for all thoughts and processes related to the Strategy evaluation. Models are useful and applicable in this context because they allow logic to be applied across a range of situations.

For the purposes of our evaluation, SHRF has incorporated two separate, yet interrelated evaluative models. First is the **Buxton/Hanney Payback Model** that broadly underscores the reasoning and rationale behind our evaluation framework and our proposed evaluation plan. Second is an **Implementation-Evaluation Model** intended to facilitate knowing and applying what we have learned as a result of the evaluation. Each are discussed in greater detail below.

Buxton/Hanney Payback Model

The Buxton/Hanney Payback Model (Buxton & Hanney, 1996) provides a theoretical basis for conceptualizing returns and measuring research 'payback.' It reflects the multi-dimensional nature of health research impact and acknowledges the potential time delay between initial funding and measurable impacts, in addition to the complexity of measuring those results.

The Buxton/Hanney Payback Model uses the following five categories to define research impact:

1. **Knowledge production**
2. **Benefits to future research and research use:**
   - the better targeting of future research;
   - the development of research skills, personnel and overall research capacity;
   - a critical capability to utilize appropriate existing research including that from overseas; and
   - staff development/educational benefits.
3. **Political and administrative benefits:**
   - improved information bases on which to make political and executive decisions; and
   - other political benefits from undertaking research.
4. **Health sector benefits:**
   - cost reduction in the delivery of existing services;
   - qualitative improvements in the process of service delivery;
   - increased effectiveness of services;
   - equity; and
   - revenues gained from Intellectual Property Rights.
5. **Broader economic benefits:**
   - wider economic benefits from commercial exploitation of innovations arising from R&D; and
   - economic benefits from a healthy workforce and reduction in working days lost.

Originally designed in 1996, this model has been refined in a number of applications since. SHRF has adopted and used this model to guide the evaluation of our research funding programs for the past six years. Similarly, other research funding agencies, such as the Alberta Heritage Foundation for Medical Research (AHFMR) have used the model, and most recently, the Canadian Institutes of Health Research (CIHR, 2005).

In addition to the five categories of research impact defined by the Buxton/Hanney Payback Model, SHRF will pay close attention to certain measurable endpoints that do not fall within this model. For example, a broader understanding of sharing and using health research (knowledge translation), the acknowledgement of culturally sensitive research, the provincial focus of the Strategy, the collective/collaborative nature of the Strategy, the alignment of our funding programs and the showcasing of health research.

Implementation-Evaluation Model

The implementation and evaluation of the *Health Research Strategy* are integrally linked; success in both aspects will be enhanced through an iterative process where one constantly informs the other. To facilitate this dynamic interaction, SHRF has adopted and adapted the action-reflection model (Rogers & Freiberg, 1994) as our Implementation-Evaluation Model (*see Figure 1*).

The original model is rooted in educational studies. With slight modifications to ensure congruency with the goals of the *Health Research Strategy*, it is well-suited to guide SHRF's work as a catalyst. The model follows a circular process, with neither a logical beginning nor a logical end. In its simplest of terms, the model suggests:

1. Go and do something;
2. Document what you've done;
3. Return and reflect upon it; and
4. Do it again (perhaps differently if unsatisfied with the initial results).

In order to continually improve the implementation and evaluation of the Strategy, SHRF will consider this iterative model throughout all Strategy-related initiatives and activities, while being cognizant of and adaptable to emergent issues in our ever-changing health research environment.

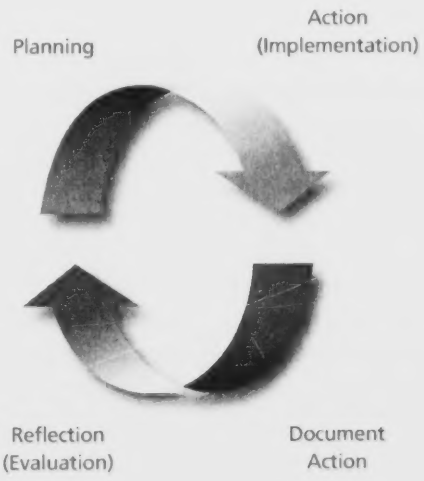


Figure 1: Health Research Strategy Implementation-Evaluation Model

Components of the Strategy Evaluation

With the two aforementioned models as the contextual basis for our evaluation framework, attention can now be directed to the more specific components of the Strategy evaluation. This section identifies and explores the main elements of our evaluation, including the:

- Aims or goals of evaluating the Strategy;
- Evaluation questions (including the overarching and sub-evaluation questions); and
- Program logic model.

Aims of the Strategy Evaluation

Our evaluation is intended to be multi-level and broad in scope, reflecting the goals, themes and key action areas of the Strategy. As a result of its complex nature, we have developed six aims that serve as a "starting-point" in our evaluation framework. These aims seek to make explicit the rationale behind our evaluation and are not mutually exclusive, but rather are complementary and build upon one another. The aims show a natural progression from one to the next, advancing from the more simple to the more complex. The **aims** of our evaluation are to:

1. Document and understand the implementation of the *Health Research Strategy*
2. Guide the implementation, evaluation and subsequent planning of the *Health Research Strategy*
3. Fulfill the mandate of the Saskatchewan Health Research Foundation as outlined in the *Health Research Strategy*
4. Assess the outcomes, outputs and impacts of the *Health Research Strategy*
5. Contribute to raising the profile of health research in Saskatchewan
6. Contribute to the knowledge base regarding the benefits of health research

These aims are the foundation on which our evaluation framework is built and have guided the development and refinement of the evaluation questions, plan and methods.

Overarching Evaluation Question

Central to our evaluation framework is an overarching or "umbrella" evaluation question, which sets the overall direction and tone for all subsequent evaluative activities. The overarching question was a driver in the development of the subsequent components of the Strategy evaluation, most notably the sub-evaluation questions and program logic model.

As mentioned earlier, an accountability focus primarily drives the evaluation of the *Health Research Strategy* and to a lesser extent, developmental and academic purposes. These purposes are clearly evident in the derived overarching evaluation question, reflecting the "bigger picture" of the Strategy:

> *To what extent and in what ways does the Health Research Strategy contribute to a more vibrant, productive, focused and capacity-rich health research community and, ultimately, to a healthier Saskatchewan?*

Our overarching question was developed to reflect the theme areas of the Strategy, with a timeframe indirectly imbedded within the question. It should be noted that the question was purposefully developed to suggest not only the shorter-term anticipated advancements in the theme areas of the Strategy, but also to acknowledge its longer-term societal benefit.

Sub-Evaluation Questions

While the overarching evaluation question provides direction to our evaluation in a general sense, the sub-evaluation questions provide more specific guidance from which appropriate measures, data gathering methods and timeframes can be developed. These measures, methods and timeframes will be discussed in greater detail in the *Strategy Evaluation Plan.*

The sub-evaluation questions are intended to explore, to varying degrees, the implementation of the *Health Research Strategy* by SHRF and our partners. The sub-evaluation questions relate, as one would expect, to the goals of the Strategy and are cross-referenced for relevance and comprehensiveness with the aims of the evaluation (*see Table 1*). Each question relates to more than one aim and consequently, more than one measure and research method. It should also be mentioned that, quite often, this intended overlap yields multiple benefits in the collection and analysis of data, such as the opportunity to 'piggy-back' on existing data collection methods and the increased validity that results from studying an issue using more than one method. Again, these will be explored further in the *Strategy Evaluation Plan.*

Program Logic Model

The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes with program activities/processes and the theoretical assumptions/principles of the program.

- (W.K. Kellogg Foundation, 2004: p. III)

A program logic model (PLM), also commonly known as a conceptual map, causal chain or program theory, is a valuable tool in illustrating the relationships among the resources, planned activities and changes or results expected in a program. Particularly useful in larger scale, multi-stakeholder projects, such as the Strategy evaluation, a logic model provides a road map describing underlying assumptions and the sequence of related events connecting planned activities with desired results (Schmitz & Parsons, 1999). In short, a program logic model is a, "practical pictorial description of how a program ought to work" (Goldman & Schmalz, 2006: p. 8).

A program logic model better positions initiatives for success and is instrumental throughout various stages: in program design and planning, in program implementation and for program evaluation and strategic reporting. As a program grows and evolves, so too does its logic model.

Logic models come in various shapes and sizes depending on their primary focus and intent (W.K. Kellogg Foundation, 2004). According to Goldman and Schmalz, program logic models

Table 1: Health Research Strategy Evaluation Questions

Overarching Evaluation Question
To what extent and in what ways does the Health Research Strategy contribute to a more vibrant, productive, focused and capacity-rich health research community and, ultimately, to a healthier Saskatchewan?

Aim(s)	Sub-Evaluation Questions
1., 2. & 4.	**(#1)** What activities and outputs are accomplished, including by whom and when?
4. & 6.	**(#2)** How has the implementation of the *Health Research Strategy* contributed to: a. Advancing research in the priority areas? b. Building capacity to share and use health research? c. Strengthening overall health research capacity?
4. & 6.	**(#3)** What broader impacts (intended or unintended) are experienced as a result of the *Health Research Strategy*?
2., 3. & 4.	**(#4)** How has the *Health Research Strategy* been integrated or adopted by other organizations?
4., 5. & 6.	**(#5)** How has the *Health Research Strategy* influenced perceptions of health research?
1. & 2.	**(#6)** What has facilitated implementation of the *Health Research Strategy* and in what ways?
1. & 2.	**(#7)** What barriers are experienced in the implementation of the *Health Research Strategy* and in what ways?
1. & 2.	**(#8)** How are lessons learned integrated into the implementation and evaluation of the *Health Research Strategy*?
2. & 3.	**(#9)** How effective has the Saskatchewan Health Research Foundation been as a 'catalyst' in implementing and evaluating the *Health Research Strategy*?

are, "often displayed as a flow chart, map, web, network, or table to show the sequences of steps (not always linear) that connect activities or processes to program results" and, "can exist as part of a 'family' of logic models to display different levels of detail of a program, different perspectives of a program, or to highlight specific elements of a program for different audiences" (2006: p. 8).

The program logic model developed for use in the evaluation of the *Health Research Strategy* is a theory approach logic model (*see Appendix A*). This type of logic model provides explanation about reasons for a given program and details assumptions the program planners hold. It is suitable for use in evaluating the Strategy as it focuses on the "*bigger picture or ideas*" and not on the specific "*nuts and bolts*" of the Strategy (W.K. Kellogg Foundation, 2004).

Our program logic model begins with the underlying **assumptions** surrounding the 'program;' in our case, the Strategy. The focus is on principles, beliefs and ideas underlying the design of the Strategy and these assumptions will be tested as the Strategy implementation unfolds. The **inputs**, which include investments by SHRF and our partners are those things required to ensure the Strategy is successful. The **activities**, which can be led by SHRF and/or community partners, relate to the specific actions taken in relation to the four strategic themes. The **outputs** are those direct results or deliverables that occur as a result of the planned activities; capturing both the number and nature of these deliverables. The **outcomes** are the shorter-term effects or consequences of the Strategy; likely accomplishable within the 10-year timeframe. The anticipated changes in attitudes, behaviours, knowledge, skills, status, or level of functioning reflect the five categories of the Buxton/Hanney Payback Model. The **impacts** are the longer-term effects or consequences of the Strategy, as reflected in the overarching evaluation question. To varying degrees, these impacts may be achievable within the 10-year timeframe of the Strategy. It is also worth noting that our Implementation-Evaluation Model is embedded in our program logic model, ensuring that we stay true to the iterative process described above.

As one moves from left to right through our logic model, tracking accountability becomes an issue, as attribution of broader outcomes and impacts to Strategy-related initiatives becomes less clear. Nevertheless, we will strive to measure those outcomes and impacts and make connections to the Strategy wherever possible.

Strategy Evaluation Plan

While the aims, evaluation questions and program logic model set the stage for the evaluation, our evaluation plan clearly identifies what it is that we intend to do over the next nine years (2006-07 to 2014-15). This includes the identification of all related measures, methods, timelines and roles/responsibilities in implementing the evaluation.

Following-up on the development of the overarching and sub-evaluation questions, SHRF constructed a series of tables that elaborate on how we intend to answer each of the sub- evaluation questions. These tables (*see Appendix B*) form the basis of our evaluation plan. Each table, relative to each sub-evaluation question, identifies:

- What information will be collected? Related to what measures?
- How?
- By whom?
- By When? How often?

SHRF has already begun the process of implementing the evaluation, with a number of data gathering activities already planned or underway. Some examples include a public opinion survey, an economic and social impacts assessment, a bibliometric study and an analysis of existing internal databases, among others. These activities are critical in establishing a baseline on which comparisons can be made, all in an effort to gauge the extent to which the Strategy has influenced Saskatchewan's health research enterprise.

In addition, there are a number of other considerations that SHRF will need to be mindful of as our evaluation unfolds, such as ensuring our evaluation:

- Recognizes that shorter- and longer-term changes and impacts may not be directly or completely attributable to the *Health Research Strategy*;
- Respects and reflects the complex nature of the Strategy;
- Stays true to the Buxton/Hanney Payback Model and Implementation-Evaluation Model described above;
- Is inclusive and collaborative;
- Draws on partner skills;
- Makes use of internal SHRF and external (partners and/or consultants) evaluators for specific data gathering methods and at different stages of the process;
- Includes a blend of qualitative and quantitative research methods;
- Incorporates new data gathering tools, along with 'piggy-backing' on existing opportunities where possible and practical;
- Adheres to established timelines for each major evaluative activity (*see Appendix C*);
- Explores innovative and creative means for disseminating this framework and the results of each major activity; and
- Focuses on the implementation of the Strategy at the 5-year interim evaluation and the broader outcomes and impacts of the Strategy at the 10-year final evaluation.

Reporting on the Strategy Evaluation

A final, but important step in developing our evaluation framework is the inclusion of a communications plan for the evaluation. Conventionally, evaluations are presented in written report form. Given the complex nature of this evaluation and the diversity of interested and invested stakeholders in its results (i.e., researchers, government, regional health authorities, community-based organizations, general public), SHRF must look outside of traditional reporting mechanisms.

According to Wadsworth (1997), multiple stakeholders and audiences necessitate creative and tailored means of presenting key evaluation messages to enhance the likelihood of their use. For this reason, SHRF will continually explore non-traditional means of communicating the results of our evaluation.

The communications plan surrounding our evaluation is defined by a number of parameters, some drawn directly from the *Health Research Strategy* itself:

- Our program logic model will form an important tool in strategically monitoring and reporting on progress;
- Reporting of findings will be guided and framed by the evaluation questions and aims;
- Multiple and creative means of communicating our findings will be considered, tailored and relevant to our multiple stakeholders;
- Progress reports are both internal (to our Board) and external (to the broader research community and public); and
- There will be major evaluation reports at the 5- and 10-year marks.

SHRF has already made considerable progress in this area, with a section of our Web site now devoted specifically to our evaluation of the *Health Research Strategy*. Within that section, SHRF will continue to post updates on our progress as well as the findings from our major evaluative activities. Other mediums used for sharing the results of our evaluation include our annual report, the quarterly SHRF Notes newsletter and a Strategy report card, describing progress on the Strategy's implementation and evaluation.

Summary Remarks

Saskatchewan's *Health Research Strategy* was designed and intended to have an impact on research in specific priority areas, on capacity to share and use health research and on the overall health research base. Understanding its broad impact in those areas would not be possible without a comprehensive evaluation of its progress and impact. This was clearly recognized in the Strategy, with evaluation identified as one of its four major strategic themes.

SHRF is both well-positioned and suited to putting this framework into action. With our internal capacity and wealth of external partners and stakeholders from which we can draw expertise and advice, our evaluation can and should meet the three purposes (accountability, developmental and academic) of an evaluation. Additionally, SHRF will be drawing on previous work done in this area, while working with other provincial and national partners in further developing and refining our understanding of health research impact.

Our evaluation framework is intended to be comprehensive and will serve as an important conceptual and practical road map to guide the collective implementation, evaluation and reporting of progress related to Saskatchewan's *Health Research Strategy*.

References

Buxton, M. J., & Hanney, S. (1996). How can payback from health services research be assessed? *Journal of Health Services Research Policy*, 1(1), 35-43.

Buxton, M. J., & Schneider, W. L. (1999). *Assessing the payback from AHFMR-funded research.* Edmonton: Alberta Heritage Foundation for Medical Research.

Canadian Institutes of Health Research. (2005). *Developing a CIHR framework to measure the impact of health research.* Ottawa: Canadian Institutes of Health Research.

Goldman, K. D., & Schmalz, K. J. (2006). Logic models: The picture worth ten thousand words. *Health Promotion Practice*, 7(1), 8-12.

Patton, M. Q. (1997). *Utilization-focused evaluation: The new century text.* Newbury Park: SAGE Publications, Inc.

Rogers, C. R., & Freiberg, H. J. (1994). *Freedom to learn.* (3rd ed.). New York: Macmillan College Publishing Company.

Saskatchewan Health. (2004). *Health Research Strategy.* Regina: Saskatchewan Health.

Schmitz, C., & Parsons, B. A. (1999). *Everything you wanted to know about logic models but were afraid to ask.* Battle Creek: W.K. Kellogg Foundation.

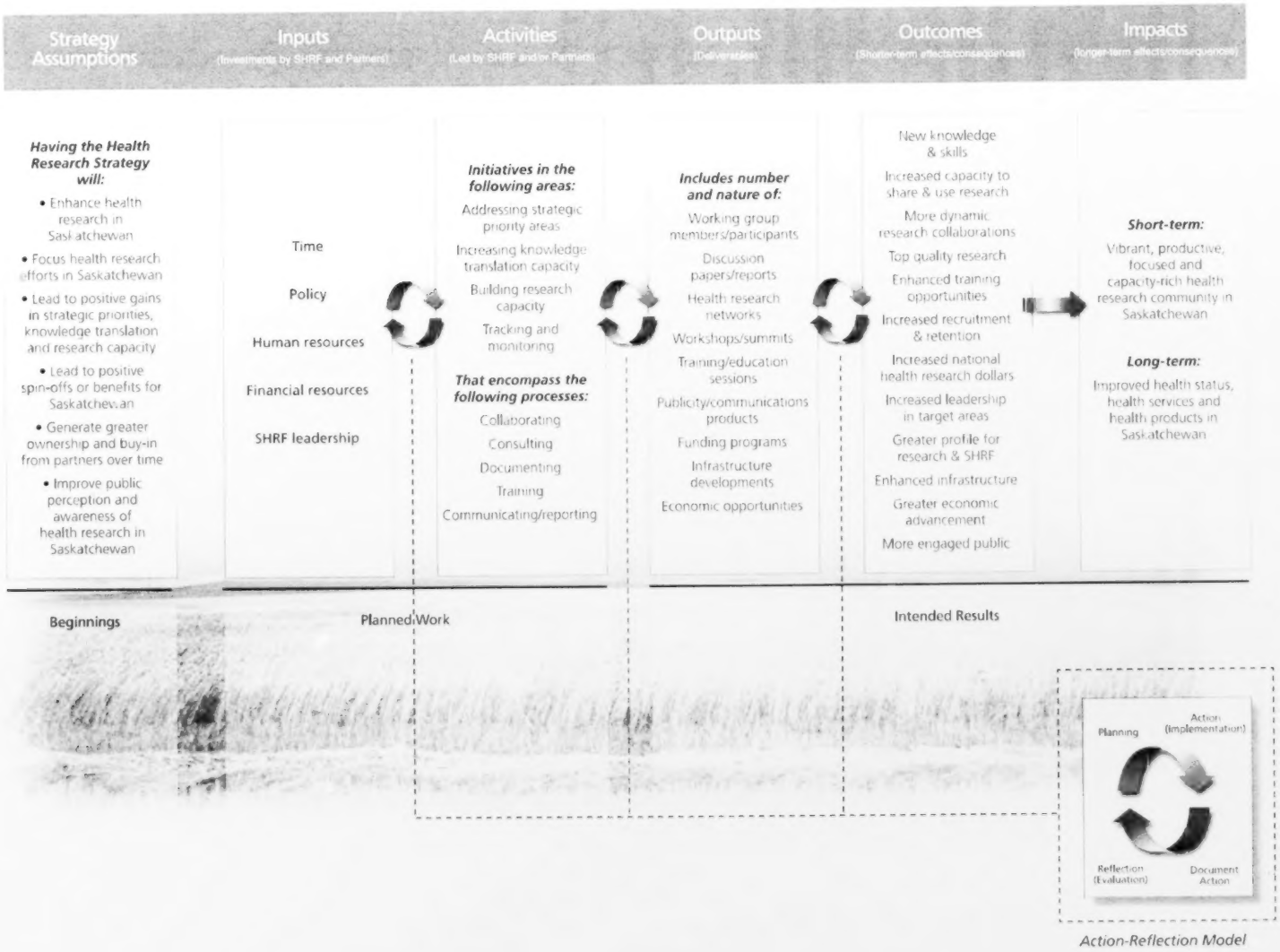
United States Government Accountability Office. (2005, May). Performance measurement and evaluation: Definitions and relationships. Retrieved October 4, 2006, from http://www.gao.gov/new.items/d05739sp.pdf.

Wadsworth, Y. (1997). *Everyday evaluation on the run.* St Leonards: Allen & Unwin.

W.K. Kellogg Foundation. (2004). *Logic model development guide.* Battle Creek: W.K. Kellogg Foundation.

Saskatchewan's Health Research Strategy

To what extent and in what ways does the Health Research Strategy contribute to a more vibrant, productive, focused and capacity-rich health research community and, ultimately, to a healthier Saskatchewan?



Action-Reflection Model

Aim(s)	Sub-Evaluation Question #1
1., 2. & 4.	What activities and outputs are accomplished, including by whom and when?

Measures	Methods	By Whom	By When
Number *(quantitative)* and nature *(qualitative)* of outputs as listed in the *Health Research Strategy* within suggested timeframes:* a. Meetings/conferences/ summits/consultations b. Task forces/working groups c. Documents/reports/ materials d. Publicity/ communications products e. Funding programs/ special initiatives *(i.e., funding allocations)*	Environment Scan that incorporates: • *Health Research Strategy* "Summary of Strategic Directions and Actions" (Strategy Appendix A, p. 26) checklist • Document review *(i.e., newsletters, newspapers, reports, strategies, funding announcements)* • Data review *(i.e., Statistics Canada, Saskatchewan Health, Health Quality Council)* • Existing surveys *(i.e., U of S ILO Survey)* • Key informant interviews • Web search • Board input • Case studies	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Ongoing activity with an annual formal review

* *With each activity identified as SHRF-led or led by other affected/engaged stakeholders*

Aim(s)	Sub-Evaluation Question #2
4. & 6.	How has the implementation of the *Health Research Strategy* contributed to: a. Advancing research in the priority areas? b. Building capacity to share and use health research? c. Strengthening overall health research capacity?

Measures	Methods	By Whom	By When
a. *Monitoring attention to and changes among the research priority areas through:* • Number and nature of research projects and publications	Bibliometric Analyses	Design (internal and external) Data collection (external) Analysis (internal and external) Reporting (internal and external)	Annually
• Dollars committed by SHRF and others *(i.e., CIHR, NCIC, Health Regions, etc.)* • Number of researchers and supporting personnel • Number and nature of research groups/ collaborations	Environment Scan	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Incorporated with processes established in Question #1
• Number and nature of larger and more complex research programs • Recognition of research/researchers (internal and external) • Alignment of funding programs (SHRF and others)	Statistical Analysis of Grants and Awards databases *(i.e., frequencies, percentages, dollars, crosstabs)*	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Annually

Aim(s)	Sub-Evaluation Question #2 (continued...)		
Measures	**Methods**	**By Whom**	**By When**
b. Assessing capacity and changes in sharing and using health research through: • New policies • Improved health strategies/models • Enhanced capacity to share and use research knowledge *(i.e., human/ financial resources, training, education, access, participation)* • Number and nature of Knowledge Translation components in health research (SHRF and others) • Number and nature of culturally sensitive mechanisms (SHRF and others) • Number and nature of commercial applications	Case Studies	Design (internal) Data collection (internal and/or external) Analysis (internal) Reporting (internal)	Incorporated with processes established in Question #4
	Economic and Social Impacts Assessment	Design (internal and external) Data collection (external) Analysis (internal and external) Reporting (internal and external)	Incorporated with processes established in Question #3
	Environment Scan	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Incorporated with processes established in Question #1
	Organizational survey of selected partner agencies	Design (internal) Data collection (internal and/or external) Analysis (internal and/or external) Reporting (internal)	Incorporated with processes established in Question #4
	SHRF five-year follow-up survey and progress/final reports	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Annually

Aim(s)	Sub-Evaluation Question #2 (continued...)		
Measures	**Methods**	**By Whom**	**By When**
c. *Assessing overall health research capacity and changes through:* • Number of publications • Number of citations • Quality of journals (journal impact factor)	Bibliometric Analyses	Design (internal) Data collection (internal and/or external) Analysis (internal) Reporting (internal)	Annually
• Number and nature of commercial applications • Number of trainees • Recruitment and retention • Infrastructure	Economic and Social Impacts Assessment	Design (internal and external) Data collection (external) Analysis (internal and external) Reporting (internal and external)	Incorporated with processes established in Question #3
• Number and nature of projects • Dollars committed by SHRF and others *(i.e., CIHR, NCIC, Health Regions, etc.)*	Environment Scan	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Incorporated with processes established in Question #1
• Number of researchers and supporting personnel • Number and nature of research groups/ collaborations	SHRF five-year follow-up survey and progress/final reports	Design (internal) Data collection (internal and/or external) Analysis (internal and/or external) Reporting (internal)	Annually
	Statistical Analysis of Grants and Awards databases *(i.e., frequencies, percentages, dollars, crosstabs)*	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Annually

Aim(s)	Sub-Evaluation Question #3
4. & 6.	What broader impacts (intended or unintended) are experienced as a result of the *Health Research Strategy*?

Measures	Methods	By Whom	By When
Identification of health impacts *(i.e., new models/pathways of health care, health status, population health)* Plus other intended and unintended impacts: a. Economic impacts *(i.e., number of new researchers/trainees/ employees, rate of return, leveraged funds - nationally and provincially, resource/funding-sharing relationships)* b. Political impacts *(i.e., policies, documents/ strategies/action plans, legislation - Health Research Week)* c. Social and socioeconomic impacts *(i.e., community mobilization, social capital, community resilience)*	Economic and Social Impacts Assessment	Design (internal and external) Data collection (external) Analysis (internal and external) Reporting (internal and external)	Two times with baseline in 2006-07 and one follow-up study at year nine
	Environment Scan	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Incorporated with processes established in Question #1
Identifying changes, either positive or negative, amongst: a. Advancing research in the priority areas; b. Building capacity to share and use healt · research; and/or c. Strengthening overall health research capacity	Secondary analysis of all evaluation data	Design (internal) Data collection (internal) Analysis (internal and external) Reporting (internal and external)	Incorporated with processes established in Question #6 and Question #7

Aim(s)	Sub-Evaluation Question #4
2., 3. & 4.	How has the *Health Research Strategy* been integrated or adopted by other organizations?

Measures	Methods	By Whom	By When
Identifying and monitoring changes among: a. Awareness of the Strategy b. Importance/value attributed to the Strategy c. Level of engagement – including: • Involvement in/ influence on partnerships, task forces, etc. • Conducting/ participating in activities • Producing outputs • Integrating the Strategy into strategic planning • Citing the Strategy and related content d. Research foci (content and dollars allocated/ aligned) e. Adoption/ownership of the Strategy	Case Studies of 3 universities, 4 health regions (high, medium, low-research intensive) and not-for profits that incorporate: • Review of annual reports • Key informant interviews • Focus groups • Observation (as appropriate)	Design (internal) Data collection (internal and/or external) Analysis (internal) Reporting (internal)	Four times with baseline in 2006-07
	Organizational survey of selected partner agencies	Design (internal) Data collection (internal and/or external) Analysis (internal and/or external) Reporting (internal)	Three times with baseline in 2006-07

Aim(s)	Sub-Evaluation Question #5
4., 5. & 6.	How has the *Health Research Strategy* influenced perceptions of health research?

Measures	Methods	By Whom	By When
Monitoring changes, if any, in perceptions over time about:* a. Awareness/importance of health research b. Awareness/value of SHRF c. Awareness/value of the Strategy d. Importance attributed to the Strategy e. Awareness of key health research issues/ activities f. Level of engagement	Organizational survey of selected partner agencies	Design (internal) Data collection (internal and/or external) Analysis (internal and/or external) Reporting (internal)	Incorporated with processes established in Question #4
	Public opinion survey of Saskatchewan residents	Design (internal) Data collection (external) Analysis (internal and external) Reporting (internal)	Three times with baseline in 2006-07

* *As measured among two distinct groups: those who are engaged – the active (i.e., the research community) and those who are not engaged – the passive (i.e., the general public)*

Aim(s)	Sub-Evaluation Question #6
1. & 2.	What has facilitated implementation of the *Health Research Strategy* and in what ways?

Measures	Methods	By Whom	By When
Identification and assessment of:* a. Processes b. Products c. Policies d. Promotions e. People f. Other	Secondary analysis of: • Environment Scan • Reflection on Analysis of Actions • Surveys • Case Studies • Economic and Social Impacts Assessment • Key Informant Interviews	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Ongoing activity with two formal reviews *(the year prior to the five-year evaluation and the year prior to the ten-year evaluation)*

* *Either classified or coded as intentional or unintentional*

Aim(s)	Sub-Evaluation Question #7
1. & 2.	What barriers are experienced in the implementation of the *Health Research Strategy* and in what ways?

Measures	Methods	By Whom	By When
Identification and assessment of:* a. Processes b. Products c. Policies d. Promotions e. People f. Other	Secondary analysis of: • Environment Scan • Reflection on Analysis of Actions • Surveys • Case studies • Economic and Social Impacts Assessment • Key informant interviews	Design (internal) Data collection (internal) Analysis (internal) Reporting (internal)	Ongoing activity with two formal reviews *(the year prior to the five-year evaluation and the year prior to the ten-year evaluation)*

* *Either classified or coded as intentional or unintentional*

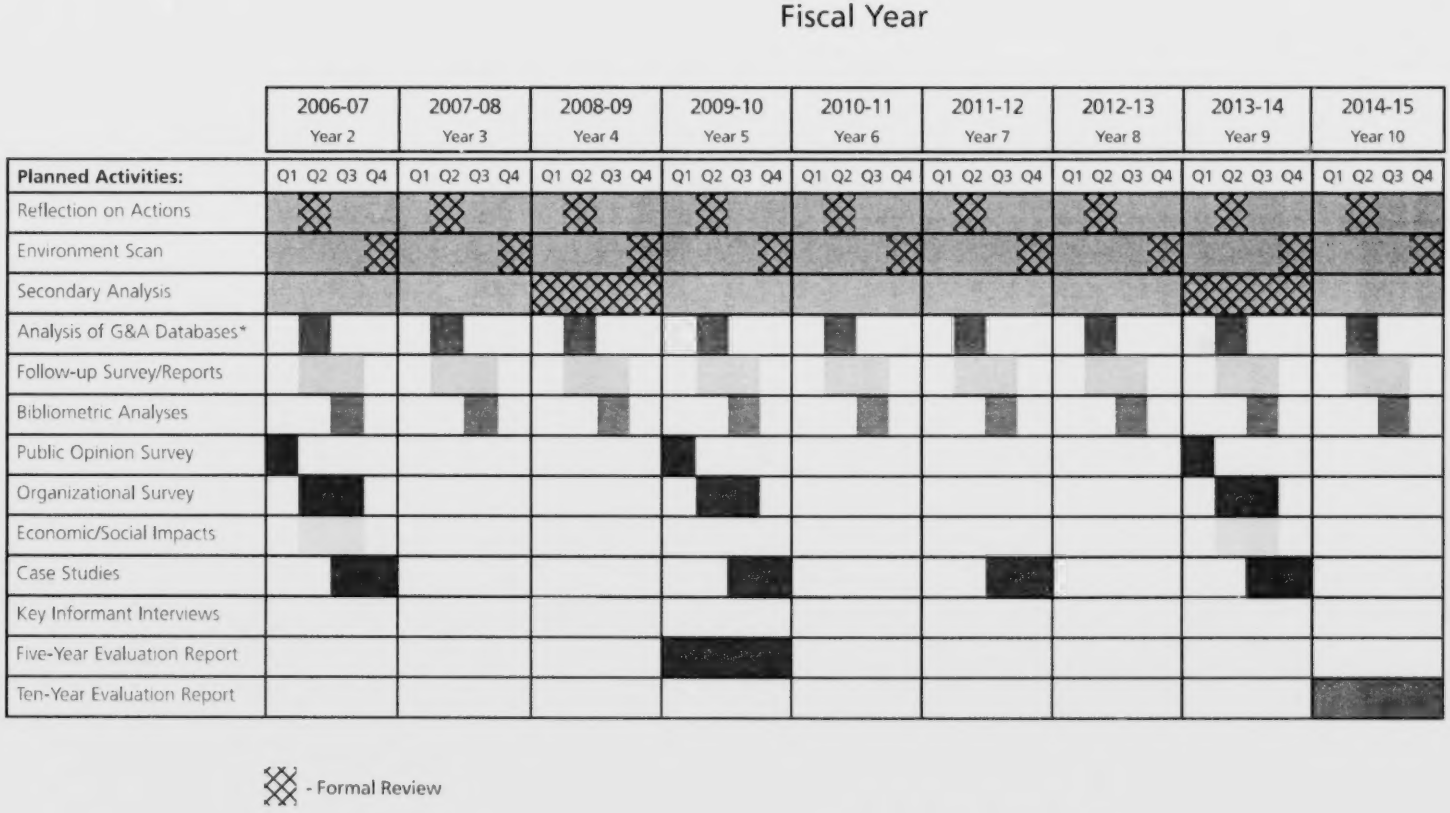
Aim(s)	Sub-Evaluation Question #8
1. & 2.	How are lessons learned integrated into the implementation and evaluation of the Health Research Strategy?

Measures	Methods	By Whom	By When
Identification and assessment of: a. Documentation/ compilation of lessons learned b. Adjustments to the Strategy/framework	Reflection on Analysis of Actions that incorporate: • Minutes of meetings *(task forces, board, staff and Strategy Planning Group)* • Workshops/Focus Groups/Roundtables/ Reports/etc. • Reflective questionnaire *(task forces, board, staff, Strategy Planning Group and others)*	Design (internal) Data collection (internal) Analysis (internal and external) Reporting (internal)	Ongoing activity with an annual formal review and a major review at the five- and ten-year evaluations

Aim(s)	Sub-Evaluation Question #9
2. & 3.	How effective has the Saskatchewan Health Research Foundation been as a 'catalyst' in implementing and evaluating the *Health Research Strategy*?

Measures	Methods	By Whom	By When
Identifying and measuring the Saskatchewan Health Research Foundation's success in: a. Mobilizing the research community – including the quality and effectiveness of collaborations and the ability to identify research needs b. Raising the profile of the Saskatchewan Health Research Foundation specifically and health research generally c. Aligning funding programs (SHRF and others) d. Offering new programs (SHRF and others) e. Securing additional dollars f. Evaluating internally and Strategy-related initiatives (thereby fostering new knowledge) g. Increasing and enhancing internal capacity and supporting infrastructure h. Sharing leadership in the implementation of the Strategy	Key informant interviews	Design (internal) Data collection (external) Analysis (internal and external) Reporting (internal)	Two times *(the year prior to the five-year evaluation and the year prior to the ten-year evaluation)*
	Reflection on Analysis of Actions that incorporate: • Minutes of meetings *(task forces, board, staff and Strategy Planning Group)* • Workshops/Focus Groups/Roundtables/ Reports/etc. • Reflective questionnaire *(task forces, board, staff, Strategy Planning Group and others)*	Design (internal) Data collection (internal) Analysis (internal and external) Reporting (internal)	Ongoing activity with an annual formal review and a major review at the five- and ten-year evaluations
	Secondary analysis of several data sources	Design (internal) Data collection (internal) Analysis (internal and external) Reporting (internal)	Incorporated with processes established in Question #6 and Question #7

Evaluating the *Health Research Strategy*: Evaluation Plan



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